
SOLICITATION, OFFER AND AWARD

1. This contract is a rated order under DPAS (15 CFR 700) RATING:

2. CONTRACT NO.

3. SOLICITATION NO.

026-M-APHIS-03

4. TYPE OF SOLICITATION

☐ SEALED BID (IFB)

☒ NEGOTIATED (RFP)

5. DATE ISSUED

04/01/2003

6. REQUISITION/PURCHASE NO.

7. ISSUED BY CODE: 126395

USDA, APHIS, MRPBS, ASD, Contracting
Butler Square, Fifth Floor
100 North Sixth Street
Minneapolis, MN 55403

8. ADDRESS OFFER TO

(If other than Item 7)

NOTE: In sealed bid solicitations, "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and 2 copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in , until 11:00 A.M. local time on APRIL 30, 2003.

CAUTION--LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:

A. NAME:
Robert J. Crowther

B. TELEPHONE NO.
(Include Area Code)
(NO COLLECT CALLS)
(612) 336-3205

C. E-MAIL ADDRESS

bob.crowther@aphis.usda.gov

EXCEPTION TO STANDARD FORM 33 (REV.9-97)

Prescribed by GSA
FAR (48 CFR 53.214(c))

SOLICITATION, OFFER AND AWARD

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L	INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS	
M	EVALUATION FACTORS FOR AWARD	

OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provision at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232-8)

10 CALENDAR DAYS _____ %	20 CALENDAR DAYS _____ %	30 CALENDAR DAYS _____ %	____ CALENDAR DAYS _____ %
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14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated:

AMENDMENT NO.	DATE	AMENDMENT NO.	DATE
---------------	------	---------------	------

EXCEPTION TO STANDARD FORM 33 (REV. 9-97)

SOLICITATION, OFFER AND AWARD

15A. NAME AND ADDRESS OF OFFEROR	CODE _____	FACILITY _____	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN (Type or Print)
15B. TELEPHONE NO. (Include Area Code)			17. SIGNATURE
15C. [] CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE			18. OFFER DATE

AWARD (To be completed by Government)

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT	21. ACCOUNTING AND APPROPRIATION
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: [] 10 U.S.C. 2304(c) () [] 41 U.S.C. 253(c) ()		
23. SUBMIT INVOICES TO ADDRESS SHOWN IN --> (2 Copies unless otherwise specified)		ITEM 12
24. ADMINISTERED BY CODE _____ (If other than Item 7)	25. PAYMENT WILL BE MADE BY CODE _____ USDA, APHIS, MRPBS, ASD, Payments Butler Square, Fifth Floor 100 North Sixth Street Minneapolis, MN 55403	
26. NAME OF CONTRACTING OFFICER (Type or Print)	27. UNITED STATE OF AMERICA Signature of Contracting Officer	28. AWARD DATE

IMPORTANT - Award will be made on this Form, or on Standard Form 26,
or by other authorized official written notice.

EXCEPTION TO STANDARD FORM 33

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PART I - THE SCHEDULE**SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS****B.1 PRICING SHEET - Manhattan, New York**

ITEM NO.	DESCRIPTION OF SERVICES	ESTIMATED TOTAL D.B.H.	UNIT OF ISSUE	UNIT PRICE	ESTIMATED TOTAL AMOUNT
1.	Mauget Trunk Injection Treatments.	105,005	dbh	\$_____	\$_____
2.	Callbacks - Mauget Trunk Injection Treatments.	_____	_____	\$_____	\$_____
3.	Soil Injection Treatments.	118,157	dbh	\$_____	\$_____
4.	Callbacks - Soil Injection Treatments.	_____	_____	\$_____	\$_____
5.	Soil Drench Treatments.	_____	_____	\$_____	\$_____

B.2 PRICING SHEET - Brooklyn, New York

ITEM NO.	DESCRIPTION OF SERVICES	ESTIMATED TOTAL D.B.H.	UNIT OF ISSUE	UNIT PRICE	ESTIMATED TOTAL AMOUNT
6.	Mauget Trunk Injection Treatments.	212,415	dbh	\$_____	\$_____
7.	Callbacks - Mauget Trunk Injection Treatments.	_____	_____	\$_____	\$_____
8.	Soil Injection Treatments.	37,485	dbh	\$_____	\$_____
9.	Callbacks - Soil Injection Treatments.	_____	_____	\$_____	\$_____
10.	Soil Drench Treatments.	0	_____	\$_____	\$_____

B.3 PRICING SHEET - Western Queens, New York

ITEM NO.	DESCRIPTION OF SERVICES	ESTIMATED TOTAL D.B.H.	UNIT OF ISSUE	UNIT PRICE	ESTIMATED TOTAL AMOUNT
11.	Mauget Trunk Injection Treatments.	226,409	dbh	\$_____	\$_____
12.	Callbacks - Mauget Trunk Injection Treatments.	_____	_____	\$_____	\$_____
13.	Soil Injection Treatments.	39,955	dbh	\$_____	\$_____
14.	Callbacks - Soil Injection Treatments.	_____	_____	\$_____	\$_____
15.	Soil Drench Treatments.	0	_____	\$_____	\$_____

B.4 PRICING SHEET - Eastern Queens, New York

ITEM NO.	DESCRIPTION OF SERVICES	ESTIMATED TOTAL D.B.H.	UNIT OF ISSUE	UNIT PRICE	ESTIMATED TOTAL AMOUNT
16.	Mauget Trunk Injection Treatments.	170,263	dbh	\$_____	\$_____
17.	Callbacks - Mauget Trunk Injection Treatments.	_____	_____	\$_____	\$_____
18.	Soil Injection Treatments.	170,263	dbh	\$_____	\$_____
19.	Callbacks - Soil Injection Treatments.	_____	_____	\$_____	\$_____
20.	Soil Drench Treatments.	0	_____	\$_____	\$_____

B.5 PRICING SHEET - Long Island, New York

ITEM NO.	DESCRIPTION OF SERVICES	ESTIMATED TOTAL D.B.H.	UNIT OF ISSUE	UNIT PRICE	ESTIMATED TOTAL AMOUNT
21.	Mauget Trunk Injection Treatments.	643,100	dbh	\$_____	\$_____

B.5 (Continued)

22. Callbacks - Mauget _____ \$ _____
 Trunk Injection
 Treatments.

SOIL DRENCH TREATMENTS - Soil Drench Treatments shall be used on potted trees, and trees located on roof tops, balconies and patios. An estimated 250 properties containing approximately 1,304 trees totaling an estimated 5,216 inch dbh are anticipated to require soil drench treatment in the Manhattan area. However, each contract area may have a need for soil drench services. Therefore, offerors are required to include soil drench services and pricing in their proposals for all control treatment areas except for Long Island.

Offeror's are required to choose the most cost-effective means of pricing soil drench services (i.e. cost per tree, cost per dbh, cost per property, etc.). The proposed contract price and pricing methodology shall be inserted in contract line items 5, 10, 15 and 20, and the methodology explained in detail in the offeror's technical proposal. DO NOT include price or cost figures in the technical proposal; METHODOLOGY ONLY.

DBH - Diameter at breast height.

CALLBACK - Refers to the requirement for the Contractor to return to a treatment area from a "completed" work order to treat host trees skipped due to late receipt of treatment release from property owner or physical barriers. Refer to Section C - Performance Work Statement (PWS) for additional information.

NOTE: OFFERORS ARE URGED AND EXPECTED TO INSPECT THE TREATMENT AREAS WHERE SERVICES ARE TO BE PERFORMED AND TO SATISFY THEMSELVES REGARDING ALL GENERAL AND LOCAL CONDITIONS THAT MAY AFFECT THE COST OF CONTRACT PERFORMANCE. IN NO EVENT SHALL FAILURE TO VISIT THESE TREATMENT AREAS BE GROUNDS FOR A CLAIM OR PRICE ADJUSTMENT AFTER CONTRACT AWARD.

REFER TO SECTION L FOR INSTRUCTIONS FOR PREPARATION OF TECHNICAL AND BUSINESS PROPOSALS AND SECTION M FOR EVALUATION FACTORS FOR AWARD CONSIDERATION.

B.6 WORK ORDER – ASIAN LONGHORN BEETLE CONTROL TREATMENT PROGRAM

WORK ORDER NO: _____ DATE AND TIME ISSUED: _____

WORK ORDER COMPLETION DATE: _____.

TREATMENT METHOD: Soil Injection [] Trunk Injection [] Soil Drench []

TREATMENT ZONES	NUMBER OF HOST TREES	ESTIMATED DBH (+ OR – 20% PER TREATMENT ZONE (INCH))	AVERAGE DBH PER TREATMENT ZONE (INCH)

TOTAL ESTIMATED NO. TREES ON WORK ORDER: _____
ESTIMATED TOTAL DBH ON WORK ORDER: _____ TOTAL AVERAGE DBH: _____

STAGING AREA/MEETING LOCATION: _____

DESCRIPTION OF TREATMENT ZONES (AREAS TO BE TREATED) AND SPECIAL INSTRUCTIONS: _____

NOTE: Attach treatment data sheets with addresses/location of all host trees identified for control treatment this work order and zone maps.

Signature/Date Signed
Contractor's Project Manager or
Authorized Field Supervisor

Telephone No. _____
Fax No. _____

Signature/ Date Signed
USDA, APHIS COR or Authorized
COTR

Telephone No. _____
Fax No. _____

**B.7 CALL BACK WORK ORDER – ASIAN LONGHORN BEETLE CONTROL
TREATMENT PROGRAM**

WORK ORDER NO: _____ DATE AND TIME ISSUED: _____

WORK ORDER COMPLETION DATE: _____

TREATMENT METHOD: Soil Injection [] Trunk Injection [] Soil Drench []

TREATMENT ZONES	NUMBER OF HOST TREES	ESTIMATED DBH (+ OR – 20% PER TREATMENT ZONE (INCH)	AVERAGE DBH PER TREATMENT ZONE (INCH)

TOTAL ESTIMATED NO. TREES ON WORK ORDER: _____
ESTIMATED TOTAL DBH ON WORK ORDER: _____ TOTAL AVERAGE DBH: _____

STAGING AREA/MEETING LOCATION: _____

DESCRIPTION OF TREATMENT ZONES (AREAS TO BE TREATED) AND SPECIAL
INSTRUCTIONS: _____

**NOTE: Attach treatment data sheets with addresses/location of all host trees identified for
control treatment this work order and zone maps.**

Signature/Date Signed
Contractor's Project Manager or
Authorized Field Supervisor

Telephone No. _____
Fax No. _____

Signature/ Date Signed
USDA, APHIS COR or Authorized
COTR

Telephone No. _____
Fax No. _____